



ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION
INTERNATIONAL REGISTRATION PLAN

P. O. Box 327620 • Montgomery, AL 36132-7620 • (334) 242-2999
www.revenue.alabama.gov

MV IRP-2
7/07

Application For Replacement Credentials

REGISTRANT INFORMATION

ACCOUNT NUMBER	FLEET NUMBER	RENEWAL MONTH / YEAR
REGISTRANT NAME	TELEPHONE NUMBER ()	
MAILING ADDRESS		
CITY	STATE	ZIP

VEHICLE INFORMATION

PLATE NUMBER	UNIT NUMBER	MODEL YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER	COMBINED GROSS WEIGHT

REASON FOR REPLACEMENT

- Stolen Lost Mutilated Incorrect Never Received

REPLACEMENT CREDENTIALS REQUESTED

- Apportioned License Plate * \$2.00 each
 Apportioned Cab Card \$1.25 each
 Renewal Decal N/C

I certify that the information above is true to the best of my knowledge and belief.

Signed By: _____ Date: _____

*A \$2.00 fee must be included for each license plate that is shipped.

INSTRUCTIONS

1. REGISTRANT INFORMATION – complete the registrant information.
2. VEHICLE INFORMATION – complete vehicle information for which replacement credentials are requested.
3. REASON FOR REPLACEMENT – check the appropriate box.
 - a. Replacement credentials will not be issued when the vehicle is stolen or the owner-operator fails to surrender credentials upon termination of the lease.
 - b. It is the responsibility of the registrant to notify the appropriate law enforcement agency regarding lost or stolen license plates.
 - c. Mutilated apportioned license plates must be surrendered to the Motor Vehicle Division, or a notarized statement as to the certification of the destruction of the license plate may be submitted.
 - d. Credentials that were issued but never received due to being lost in the mail will be reissued at no cost.
 - e. A copy of the original cab card reflecting the incorrect information should be submitted with this form. Do not return the original cab card until a Temporary Vehicle Registration (TVR) or replacement cab card is received.
4. REPLACEMENT CREDENITALS REQUESTED – check the appropriate box.
5. SIGNATURE – must be the owner, partner, corporate officer, or person holding power of attorney for the company.
6. This form should not be used to record/report change of ownership, change of classification, change of address, weight increase or jurisdiction increase.

Alabama Department of Revenue
Motor Vehicle Division
Motor Carrier Services
P.O. Box 327620
Montgomery, AL 36132-7620

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